

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>1</u> / <u>10</u> / <u>06</u>		2 Serial/Patent # <u>10</u> / <u>510</u> / <u>153</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing			\$ <u>140.00</u>								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
Done		7 TOTAL AMOUNT OF REFUND		\$ <u>140.00</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check									
<input checked="" type="checkbox"/>	Overpayment		Credit Deposit A/C #:									
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>										
SIGNATURE: <u>Darrell Cottman</u>		PHONE: <u>703-308-9140 x203</u>										
OFFICE: _____												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>		DATE: <u>1-11-06</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B